

## RECEIVED

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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office: 45 Memorial Circle, Augusta, Maine

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Te: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISL	ATOR INFORMATION		
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Patrick S. A. Flood Mailing address  56 Wedgewood Dr  City, zip code  Winthrop Me 07.		District	
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City, zip code	SZI	Phone	NA COMPANY
WININIE U.	367	395-491	<u>)                                    </u>
		residente de la companya de la comp	
от интереструкция и выполняться в принце на навышения в навышения	ED FROM EMPLOYMENT BY ANOT	Solidaria de Propinsi de Caracia	
List the name and address of each employer from whom you economic activity of each employer.	ou received compensation of \$1,000 or i	more. Specify the princ	cipal type of
Name of Employer	Address	Principal Type of E Activity of Emp	
NONE	**PY**CERFERENCE***CERFERENCE**CERFERENCE**CERFERENCE**CERFERENCE**CERFERENCE**CERFERENCE**CERFERENCE**CERFERENCE**CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE***CERFERENCE****CERFERENCE*****CERFERENCE****CERFERENCE****CERFERENCE****CERFERENCE****CERFERENCE*****CERFERENCE*****CERFERENCE*****CERFERENCE******CERFERENCE*******CERFERENCE**********************************	etterkelende sternstande het sterrige de kladisch het die sterre der versoors schedule hij de perfet französe s	distributed hamily of the position between
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PARTS INCOMEDE			
	RIVED FROM SELF-EMPLOYMENT ors who are self-employed.)	Marghaga gaphilikasa sa	
A. List the name and address of your business, if any, and I associated with a partnership, firm, professional association entity.	list the major areas of economic activity	from which you derived r areas of economic act	income. If livity of that
	Major Areas of Economic Activity	Major Areas of Ed	onomic
Name and Address of Business Entity	(self)	Activity (partnership, associatio business entit	
Name: Ne PE	And a distribution of the control of	DUSTICSS CHAR	termen militarioristita per adagit e menimini e apun
Address:	The state of the s	The state of the s	
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PART 2 (continued). INCOME DERIVED I  (For Legislators who are self-	FROM SELF-EMPLOYMEN employed.)	
B. List each source of income derived from self-employment that represents greater, and specify the principal type of economic activity of the entity or produced disclosure is prohibited by law, rule, or an established code of professional etherity or person from whom the income was derived.	erson from whom you derived	such income. If this form of
Name and Address of Source	Acti	Principal Type of Economic vity of Entity or Person Who is the Source of the Income
Name: パウルモ	Vicenii (III aa A.	
Address:		
Name: Address:	A STATE OF THE STA	
		AG ACA-AA
PART 3. MAJOR AREAS O (For Legislators who are attorney		
List your major areas of practice. If associated with a law firm, list the major ar	elebergy/Accountilisate/Alse-energy-energe-constitution/Alse-constitution/Alse-constitution/Alse-constitution	The Professional Association for the Control of the
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:	$\frac{1}{2}$	interior for the transfer of the contract of t
Address:		
Name:	A Constitution of the Cons	TO THE POST OF THE
Address:	70 / 200	
PART 4. OTHER SOURCES		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of thi	s form. Do not include gifts. If	none, check the box.
None	TO COMPANIENT AND	geklingstockliken gegenhet verstocklike kannaliste var det forstock voor een verstock en se voor de state ste d
Name and Address of Source		Kind of Income investments, leases, etc.)
Enternational fayer Retires Six Ctr	And the second s	tines and we see that the second and
Name: PO Box 7870 Address: Ocalo, Fla. 34478-7870		
	esse concontration of the first and interest in the second	ээжээлэх бөөө хаман байган
Name: Address:	Ph de gillianne	
		***************************************
PART 5. REPORTABLE L	IABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list credit card liability or loans	you received during the report ins from a relative. If none, che	ing period, and list the major ck the box.
None		
Name and Address of Creditor	P	rincipal Type of Economic Activity of Creditor
Name:	August Albadon	
Address:	OTTONNOLIMAAA	
Name:		
Address:	Available (A.22)	

PART (	6. REPORTABLE GIFTS			
List the specific source of each gift of more than \$300. In none, check the box.	clude gifts with an aggregate	value of more than \$300 from a single source. If		
☑ None	Pritishinka Pritishinka Parkita kana natanda ya Sana Andri Andria Andria Andria Andria Parti Andria Andria Par			
Name of Source of Gift		Name of Source of Gift		
1.	3.			
2.	4.			
PART 7. F	REPORTABLE HONORAR			
List the source of any honoraria accepted for appearances	or speeches related to your le	gislative responsibilities. If none, check the box.		
None	actions while random processing transport to the processing of the contract of			
Name of Source of Honoraria	en pli konservanom da van konsendenda algesta endren generalaktiva engrava etni petropri petropri entre entren a etni katan da mitata endren e	Name of Source of Honoraria		
1.	3.			
2.	<b>4</b> .			
PART 8. REPRESEI	NTATION BEFORE STATE	AGENCIES		
List each executive branch agency before which you repre box.	sented or assisted others for	compensation of any amount. If none, check the		
☑ None	North Christian China Ch			
Name of Agency		Name of Agency		
1.	<b>3.</b>			
2.	d.	aranggapanggangggg pagagang annawaran an anamahanahanahanahanahanahanahanahanahan		
PART 9 RUS	NESS WITH STATE AGE	NCIES		
List each executive branch agency to which you or a mem				
\$1,000 during the reporting period. If none, check the box.	MIERORINA (KATISATA (CARTINAS) LINNSISA KATISA KATISA KATISA KATISA LINNSISA LINNSISA LINNSISA LINNSISA KATISA			
None Name of Agency	[v/0]::[v/e2:0]:v/e2:0;:v/e/e/e2:0;:v/	Name of Agency		
1.	3.			
2.	4.			
PART 10, INCOME RECEI	VED BY MEMBERS OF IM	IMEDIATE FAMILY		
List the type of economic activity representing each source				
dependent child(ren) during the reporting period and the kill or more of income, their name and job title are listed. Do no		your spouse or domestic partner received \$1,000		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income		
Name: Mayera C Flood  Job Title: Lead Optician	1. Health Cons. 2. optical	Spouse or 1. Employment 2.		
Job Title: Lead Optician	3.	Partner 3.		
	<ul> <li>- ситемпения (Зодинальной приверення на положения предверждения до до положения по</li></ul>	Dependent Child		
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent		
activity and the kind of income.		Child		
		Dependent Child		

any office, trus	ofit or nonprofit corporation, firm, association, steeship, directorship, or position of any natur ated. If a family member listed, indicate your	e. Indicate whether yo	ou or a family held the pos	sition and whether the position
☐ None		-		
amend Activity (a) projective (a to be only only only only on the constitution of the	Organization/Business and Address	Title	Position Held F	amily Member's Compen- Name sated?
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Family VID	tence Project	Director	seif	No
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	Signature Signature		V/16 / 1○ Date	3
	ADDU	IONAL INFORMAT	ION .	
Please provid	le any additional information below (and on you are providing.		en e	he part or section number for
Part/Section Number			ti China di Santani di Antonia di	
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PART 11. OFFICER OR DIRECTOR POSITIONS